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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER EXTRA RATE FEE NUMBER FILED RATE FEE FOR BASIC FEE (37 CFR 1.16(a)) OR **TOTAL CLAIMS** X S (37 CFR 1.16(c)) minus 20 = X S OR INDEPENDENT CLAIMS minus 3 = X \$ OR X \$ (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = TOTAL OR TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) HIGHEST CLAIMS PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-TIONAL **PREVIOUSLY EXTRA** TIONAL **AFTER** ENDMENT AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR X \$ Independent (37 CFR 1.16(b)) Minus = = X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 3) (Column 1) (Column 2) HIGHEST CLAIMS Ω PRESENT RATE ADDI-RATE ADDI-REMAINING NUMBER **EXTRA** TIONAL TIONAL **PREVIOUSLY** AFTER ENDMENT FEE FFF PAID FOR AMENDMENT Total (37 CFR 1.16(c)) Minus OR X \$ Independent (37 CFR 1.16(b)) Minus = = X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST O PRESENT RATE ADDI-RATE ADDI-REMAINING NUMBER **EXTRA** TIONAL TIONAL **PREVIOUSLY AFTER** ENDMENT FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) Minus OR X \$ Minus Independent (37 CFR 1.16(b)) = X \$ OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO							RD	ı	/				
Effective December 29, 1999									091	49	903	1	
CLAIMS AS FILED - PART I								ALL	ENTITY		OTHER	THAN	
(Column 1) (Column 2)								رگ	OR	SMALL			
FOR			NUMBE	R FILED	NUMBER	NUMBER EXTRA		TE	FEE		RATE	FEE	
BASIC FEE									345.00	OR		690.00	
TOTAL CLAIMS			26 minus 20= • 6				XS	9=		OR	X\$18=	103	
INC	EPENDENT CL	AIMS	5 minus 3 = • 7				X	9=		OR	X78=	150	
MULTIPLE DEPENDENT CLAIM PRESENT										1	+260=	1 5 -	
* If the difference in column 1 is less than zero, enter "0" in column 2							+130=		OR		Ger 1		
							10	TAL	<u> </u>	OR	TOTAL	959	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SM	OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	No.	CL	AIMS.		HIGHEST				ADDI-	1		ADDI-	
AMENDMENT A	2	AF	AINING TER		NUMBER PREVIOUSLY	PRESENT EXTRA	RA	TE	TIONAL		RATE	TIONAL	
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							+13	IO=		OR	+260=	j	
								OTAL		OR	TOTAL ADDIT, FEE	816.00	
(Column 1) (Column 2) (Column 3)											AUUN. PEE		
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(Column 1) (Column 2) (Column 3)													
AMENDMENT C			AIMS AINING		HIGHEST NUMBER	PRESENT			ADDI-			ADDI-	
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	Total	• 2	561	Minus	54	= (X\$	—- 9=	<u> ' L</u>	OR	X\$18=	166	
	Independent	•	9	Minus	a	=	ХЗ				X78=		
A	FIRST PRESE	NTATIC	N OF M	JLTIFLE DE:	MIALD TRACKA			-		OR	7/0-	-	
										OR	+260=		
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE													
***	If the "Highest Nu The "Highest Num	mber Prev	eviously Pa viously Pai	aid For IN THI d For (Total or	S SPACE is less that Independent) is the	ın 3, enter "3." highest numbe			propriate box				